

Andrew Heller  
 Program Director – Recreational Insurance  
 Woodhome Insurance Group  
 1726 Reisterstown Road, #219  
 Baltimore, Maryland 21208  
 410.580.0911. Direct  
 800.391.9261. Toll Free  
 410.580.9516. Fax  
 410.404.7396. Cell

## GUIDED ZIP LINE & CANOPY TOUR APPLICATION

ESTION CAREFULLY AND PROVIDE COMPLETE, TRUTHFUL AND ACCURATE RESPONSES. THE INFORMATION  
 ICATION IS IMPORTANT TO THE UNDERWRITING PROCESS. ANY MATERIAL MISREPRESENTATION MAY AFFECT  
 THE INSURANCE POLICY ISSUED BASED ON THIS APPLICATION.

Named Insured as it is to appear on the policy:												
DBA:												
FEIN/SS:	Corporation	<input type="checkbox"/>	LLC	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	LLP	<input type="checkbox"/>	Individual	<input type="checkbox"/>	Other	<input type="checkbox"/>
Mailing Address:												
Inspection Contact Name						Phone Number:						
Website Address:						E-Mail Address						
Business Location Address #1:												
Business Location Address #2												
Description of Operations:												
Do you conduct any Operations, Businesses or Activities not to be covered under this application of insurance?								Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
If "yes", please describe:												
Effective Date:			Expiration Date:			Operating Season:						
Length of time In Business:			Total Management Experience in this type of Operation:									
*** If a new Venture or Operation, please attach a Resume or a Summary or Qualifications ***												
Limits of Liability Required:	Per Occurrence:			Aggregate:								
Deductible per Claim:	\$500	<input type="checkbox"/>	\$1,000	<input type="checkbox"/>	\$2,500	<input type="checkbox"/>	\$5,000	<input type="checkbox"/>				

Additional Insured (As they are to appear on the Policy):		Check Here if None: <input type="checkbox"/>			
Name	Address	Relationship to you			
Has Your Insurance Ever Been Cancelled or Non-Renewed?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If Yes - Please explain:					

SUBMISSION REQUIREMENTS	
<input type="checkbox"/>	Diagram of the entire operation including every zip line and the length and height of each.
<input type="checkbox"/>	Copy of your Latest Zip Line Inspection by an ACCT approved vendor and proof that all deficiencies have been corrected
<input type="checkbox"/>	Safety Guidelines and/or Safety Program Manual Provided to Your Staff Members
<input type="checkbox"/>	Three Years of Loss Runs from Prior Carriers or A signed letter from the Named Insured stating "No known claims or incidents".

PRODUCING AGENT INFORMATION		
Name of Agent	Address	Telephone Number

PRIOR CARRIER INFORMATION			
NAME OF COMPANY	POLICY DATES	PREMIUM	LOSSES

**REVENUE BREAKDOWN FOR ALL ACTIVITIES**

TOTAL GROSS REVENUES FOR ALL ACTIVITIES: \$ \_\_\_\_\_

\*\*\*NEW VENTURES MUST PROVIDE THEIR ANTICIPATED / PROJECTED GROSS REVENUES "TBD" OR BLANK IS NOT ACCEPTED.

NON-GUIDED RECREATIONAL EQUIPMENT RENTALS	Equipment Age	GROSS REVENUES	No Exposure
ZIP LINE RECEIPTS			■
CABINS /CAMPING / LODGING / RV			■
CONCESSIONS			■
RETAIL SALES OF MERCHANDISE			■
RESTAURANT			■
OTHER:			■
OTHER:			■
OTHER:			■
OTHER:			■

**GENERAL OPERATIONS INFORMATION**

1. Are all guests, clients, students required to Sign a Release of Liability Prior to commencing any activities?  Yes  No
2. Do you require guests, clients, students to complete a health & physical fitness form or declare their fitness?  Yes  No
3. Do you hire sub-contractors, Independent Contractors or concessionaires?  Yes  No  
 If "yes" – Please describe \_\_\_\_\_
- If "yes"– Do you obtain Proof of Insurance with AI status from them?  Yes  No
4. Do you report ALL INCIDENTS regardless of severity to your insurance company immediately?  Yes  No
6. Do you provide any type of transportation to or from a location?  Yes  No  
 If "yes", please describe & If a river provide the Class of the River \_\_\_\_\_
7. Do you inspect each piece of equipment daily and make repairs immediately?  Yes  No
8. Do you keep a log of all inspections and repairs including the date and type of repair?  Yes  No
9. Do you maintain and retire the equipment per manufacturer's recommendations?  Yes  No
10. Do you provide any instruction or classes?  Yes  No  
 If "yes" Please describe: \_\_\_\_\_
11. Do you check weather forecast and conditions prior to the commencement of any activities or trips to ensure client safety?  Yes  No

**ZIP LINE / CANOPY TOUR OPERATIONS**

1. Do you operate from Owned  or Leased  Premises. If leased – please describe the arrangement and attach a copy of the insurance section of the lease agreement. \_\_\_\_\_
2. Who originally built your course? \_\_\_\_\_
3. Was it built to ACCT  or PRCA  Standards? If neither – Whose Standards were followed? \_\_\_\_\_
4. When was the course last Inspected by a Professional Inspection Firm? \_\_\_\_\_
5. Who did the Inspection? \_\_\_\_\_ \*\*Attach a copy.
6. How Often is the course inspected professionally? Annually  Quarterly  Monthly  Other: \_\_\_\_\_
7. Are you a member of the ACCT  or PRCA  ? If neither; what organization are you a member of? \_\_\_\_\_
8. What guidelines do you follow regarding zip line equipment retirement? \_\_\_\_\_
9. Describe the braking system utilized: \_\_\_\_\_  
If your course utilizes hand braking – please describe in detail the instruction given to participants or attach a written copy of the safety speech: \_\_\_\_\_
10. Describe the landing procedures for participants: \_\_\_\_\_  
Describe the landing area: \_\_\_\_\_
11. Are all participants required to wear gloves and helmets?  Yes  No
12. Are all participants harnessed in prior to advancing to the top of the zipline platforms?  Yes  No
13. Are the harnesses equipped with a "Tamper" proof hookup to ensure the participants cannot unhook the harness?  Yes  No
14. Do you allow other organizations to rent your course and utilize their own facilitators / guides?  Yes  No  
If yes, please explain and attach a copy of the rental agreement \_\_\_\_\_  
If yes, do you obtain a certificate of Insurance with AI status for your operation with limits equal to or greater than your limits?  Yes  No  
If yes, do you have employees on site during the rentals in the event of an emergency?  Yes  No
15. How Many Zip Lines does the Course / Tour consist of? \_\_\_\_\_
16. What is the maximum height of the zip lines? \_\_\_\_\_
17. Does the course contain any Bridges?  Yes  No  
If yes, describe the bridges including the number of each. \_\_\_\_\_
18. Have you made any additions or changes to your course since it was originally built?  Yes  No  
If Yes, Describe the changes including the date added, element name, construction vendors name: \_\_\_\_\_
19. Do you provide any services after dark, including but not limited to zip lining, overnight camping, etc.  Yes  No  
If Yes, Describe the activities: \_\_\_\_\_
20. Do you require All Participants (or guardian) to sign a waiver prior to any activities taking place?  Yes  No
21. What is the minimum age for participation? \_\_\_\_\_
22. What is the maximum weight allowed per manufacturer guidelines? \_\_\_\_\_ What is the Maximum weight you advertise or post? \_\_\_\_\_  
How do you enforce or confirm the participant meets the Maximum weight guidelines/ \_\_\_\_\_

**CAMPING / CABINS / LODGING / SWIMMING**

NO EXPOSURE

1. Total Number of Camping/ Tent Sites Available: \_\_\_\_\_
2. Total Number of RV Spaces Available: \_\_\_\_\_ Describe Utility Hookups \_\_\_\_\_
3. Total Number of Cabins Available: \_\_\_\_\_ If Lodge – Number of Units: \_\_\_\_\_ Date Built: \_\_\_\_\_
4. Do All Cabins / Lodge Units Have Smoke Alarms?  Yes  No
5. Are Individuals Allowed to Cook within the cabins?  Yes  No
6. Is there a Swimming Pool or Swimming Area Available for Use?  Yes  No  
 If "yes" is there a Diving Board or Slide?  Yes  No  
 If "yes" are all Local and State Rules & Regulations regarding Signage Complied with?  Yes  No  
 Are there Lifeguards monitoring the swimmers?  Yes  No
7. Are all Swimming Pools & Spas compliant with the Virginia Graeme Baker Pool and Spa Safety Act?  Yes  No
8. Are all Local and State Rules & Regulations regarding pool/spa chemical monitoring and logging complied with?  Yes  No
9. Have you ever received a citation or warning with respects to the pool/spa from State or Local Authorities?  Yes  No  
 If "yes", please describe the citation and how the citation was remedied: \_\_\_\_\_  
 \_\_\_\_\_

**CONCESSIONS / RESTAURANT**

NO EXPOSURE

1. Are Grills and Cooking Surfaces Protected by a Fire Suppression System per local / State codes?  Yes  No  
 If "no", please describe the Fire Protection present: \_\_\_\_\_
2. Are you in compliance with all State and Local Health Codes with regards to food preparation and storage?  Yes  No  
 If "no", please describe why: \_\_\_\_\_
3. Have you ever been cited for a health violation?  Yes  No  
 If "yes" – describe citation and how remedied: \_\_\_\_\_

**RETAIL SALES OF MERCHANDISE AND SOUVENIRS**

NO EXPOSURE

PLEASE INDICATE BELOW THE TYPES OF MERCHANDISE YOU SELL IN YOUR STORE

<input type="checkbox"/>	T-SHIRTS	<input type="checkbox"/>	INFLATED AMUSEMENTS
<input type="checkbox"/>	KNIVES	<input type="checkbox"/>	BRANDED SOUVENIRS
<input type="checkbox"/>	OTHER: _____	<input type="checkbox"/>	OTHER: _____
<input type="checkbox"/>	OTHER: _____	<input type="checkbox"/>	OTHER: _____

1. Do you repair or sell used equipment?  Yes  No  
 If "yes" – do you have a warranty or guarantee or return policy that you provide?  Yes  No  
 If "yes" – please provide a copy or describe: \_\_\_\_\_

**ZIP LINE & CANOPY TOUR MINIMUM ELIGIBILITY REQUIREMENTS – PLEASE READ CAREFULLY**

BY AFFIXING MY INITIALS I HEREBY AGREE TO ADHERE TO THE FOLLOWING MANDATORY INSURABILITY REQUIREMENTS AS A CONDITION FOR OBTAINING INSURANCE COVERAGE

\*\*\* PLEASE READ EACH AND EVERY REQUIREMENT CAREFULLY \*\*\*

No.	Initials	REQUIREMENTS
1.		A safety orientation and/or briefing shall be conducted for each participant that includes a description of the activity itself, the inherent dangers of the activity, safety precautions while underway and what to do in the event of an emergency or accident.
2.		<b>YOU AGREE TO USE THE WAIVER AND RELEASE OF LIABILITY PROVIDED BY US</b> , recognizing the dangers of the activities. That waiver will be signed and obtained from all participants. In addition to the customer's signature, the form will have a parent's or legal guardian's signature if the participant is under legal age. One waiver per customer is a requirement – roster type waivers are NOT acceptable. Waivers will be kept on file for a minimum of 3 years
3.		Drugs and alcohol are prohibited. As such, you shall not allow any participant(s) to participate when you know, suspect or believe that those individuals are or may be under the influence of alcohol or drugs.
4.		All applicable State, Federal and Equipment Manufacturer's safety standards for the operations (including passenger capacity) are to be followed at all times during activities. Each participant will wear applicable safety equipment
5.		You shall inspect all equipment daily, and prior to the commencement of any activities. You shall make necessary repairs to ensure your patron's safety. You shall maintain and keep a written log of these inspections and repairs.
6.		Waivers incident / injury reports must be kept on file and available for a minimum of 3 years
7.		All incidents regardless of severity will be reported to the company immediately.
8.		The insured must have an emergency plan and have First Aid available. One person with a current CPR & First Aid Certificate must be available at all times during business hours.
9.		You shall, to the best of your ability, determine the client's physical ability to participate in the activity and ensure that they are properly attired for both the activity and the weather conditions.
10.		Communication devices must be present and utilized at every landing platform throughout the trip / tour to provide adequate time to avoid participant collisions during the trip / tour and collisions at all landing stations.
11.		Customers shall be fitted and provided with a Helmet and Gloves appropriate for the Zip Lining Activities.
12.		Safety Rules and Procedures appropriate to the recreational activity are to be conspicuously displayed in signage or documents provided to each and every participant.
13.		All Participants <b>MUST</b> have their harnesses attached to the Zip Securely and only the Guide / Employee can unhook the participant
14.		Employees must be properly trained and experienced on all activities to enforce all eligibility and safety requirements.
15.		You shall have in place a method of confirming that manufacturer established weight limits are not being exceeded by any participant
16.		Minimum Age for participation in the zip line activity is <b>8 years of age</b> .
17.		Tandem riding, Stunting, Racing and Horseplay of any type is prohibited. Clients violating these rules will be removed immediately.

**IN THE EVENT YOU ARE UNABLE TO INITIAL ANY SECTION ABOVE, PLEASE PROVIDE AN EXPLANATION OF THE ALTERNATIVE PROCEDURE THAT YOUR OPERATION IS UNDERTAKING BELOW. THIS WILL BE SUBMITTED TO THE COMPANY FOR APPROVAL**

No.	Explanation and Comments:

I understand that R.B. Jones Insurance for the insuring company, shall be permitted but not obligated to inspect a proposed insured's, or an insured's, property and operations for underwriting purposes at any time. Neither the right to make an underwriting inspection nor the making thereof nor any report thereon shall constitute an undertaking, on behalf of or for the benefit of any insured, or other, to determine or warrant that such property or operations are safe or healthful, or in compliance with any standards, rules or regulations. Underwriting inspections when conducted are for the sole purpose of determining and/or improving the insurability of certain property and operations and not safety. I also understand that an insured is solely responsible for the safety of its facilities and operations and shall not rely upon any underwriting inspections to determine the safety of its facilities or operations and shall not diminish or forego its own safety practices and procedures.

**By signing this application below, you are attesting to the accuracy and completeness of the information being provided in response to the questions set forth above.**

\_\_\_\_\_  
**APPLICANT'S SIGNATURE & TITLE**

\_\_\_\_\_  
**PRINTED NAME & TITLE**

\_\_\_\_\_  
**DATE**

**THIS ANTI-FRAUD STATEMENT IS AN INTEGRAL PART OF YOUR APPLICATION FOR INSURANCE AND ANY INSURANCE POLICY THAT MAY BE ISSUED BASED ON THE INFORMATION PROVIDED. PLEASE READ THIS CAREFULLY**

**A person commits a fraudulent insurance act if that person knowingly and with intent to defraud or deceive any insurance company or other person either (a) files an application for insurance or statement of claim containing any materially false information, or (b) conceals information concerning any material fact in order to obtain an insurance policy or benefit under an insurance policy. A fraudulent insurance act is a crime. (In Oregon, a fraudulent insurance act may be a crime.) R.B. Jones and the Underwriters shall pursue prosecution of any fraudulent insurance act to the fullest extent of the law.**

For residents of Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement or claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

For residents of New Jersey, Arkansas, and New Mexico: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**FOR RESIDENTS OF CALIFORNIA: FOR YOUR PROTECTION, CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.**

For residents of Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or its agent who knowingly provides false, incomplete, or misleading information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to an insurance settlement or award shall be reported to the Colorado Division of Insurance.

For residents of Louisiana: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For residents of New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

For residents of Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects a person to criminal and civil penalties.

For residents of Puerto Rico: Any person who knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine no less than five thousand (5,000) dollars nor more than ten thousand (10,000) dollars, or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

For residents of Virginia: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

For residents of Washington: It is a crime to knowingly provide false, incomplete, or misleading information to insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**The undersigned acknowledges having read this Anti-Fraud Statement.**

Applicant \_\_\_\_\_

Date \_\_\_\_\_